

## CHAPTER 21

### O R PREP AND HOLD

#### STANDARD OPERATING PROCEDURE

#### 500 BED FLEET HOSPITAL

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**O R PREP & HOLD AREA**  
**STANDARD OPERATING PROCEDURE**  
**500 BED FLEET HOSPITAL**

A. **MISSION:** Continue emergency care and treatment and/or sustain care established prior to the casualty/patient arriving in the Prep and Hold area. Prepare casualties/patients for entry into the Operating Room and provide post anesthesia recovery for the Inpatient Wards.

B. **FUNCTIONS:**

1. Secondary triage/treatment area staging patients for the Operating Room.

C. **SPECIAL CONSIDERATIONS:** Prep and Hold is not designed to maintain those patients who are unable to support life functions without mechanical intervention. It is designed to sustain life and limb for a limited time, provide a control point for Operating Room utilization and to prepare patients pre-operatively.

1. Space is limited and supports a combination of field hospital beds and litter supports.

2. The staff do not need to be Operating Room personnel but should be skilled in trauma management or critical care.

3. All patients requiring surgery should be routed through Prep and Hold before going into the Operating Room.

4. If possible and necessary, an authorization for surgery and anesthesia will be obtained.

5. Length of stay in this area is contingent upon the patient's condition, surgical priority as well as Operating Room availability. The surgical triage process is dynamic and fluid necessitating frequent update. Therefore;

6. Once an OR backlog begins, patients awaiting surgery must be held either on the ICU or the Inpatient ward to which they are admitted. This will prevent Prep and Hold from becoming another intra-hospital movement point as surgical

priority changes. OR personnel will notify the ICU/ward when to send the patient to Prep and Hold.

7. Scrub suites are appropriate wear for personnel on duty in this area.

8. Standard procedures/routines are located in the Director of Nursing Service SOP.

9. Lippincotts Manual for Nursing Practice, Current Edition is the reference for nursing procedures in the Fleet Hospital.

D. **WORKLOAD:** N/A

E. **ORGANIZATION:**

1. Responsibility. A General Surgeon should be identified as the Ward Medical Officer for Prep and Hold. He/She will provide overall guidance for post anesthesia recovery and pre surgical care.

2. Organization Chart: N/A

3. Staffing. Patient care staff for Prep and Hold is provided by the Director of Nursing Service and should **not** be OR staff. Consideration should be given to personnel who have a trauma/critical care background.

4. Assignment by billet sequence code. N/A

5. Watch Bill. Staffing ratios will be based on contingency for which the hospital is employed. The Director of Nursing Service will publish the staffing/watch bills for this area. However, watches stood will be confined to this work site.

6. Special Watches: For the most part, personnel assigned to Prep and Hold should be exempt from any other watches due to the 24 hour availability requirement of this department.

F. **TASKS:**

1. Continual assessment of patient vital signs is paramount.

2. Monitor dressings, drains, IV's and tourniquets.

3. Review admission notes and other records accompanying patient.

4. Check for allergies (dog tag-medical alert tag)

5. Perform pre-operative nursing care.

6. Obtain authorization for Surgery and Anesthesia, if possible.

7. Keep patient NPO.

8. When patient condition permits, prep surgical sites(s). When standard prep not possible, remove as much dirt and debris from the site and adjacent area as possible.

9. Insert catheters, IV's, and tubes if ordered and not done prior to arrival.

10. Prepare and complete surgical checklist and place in patient record when patient transported to surgery.

G. **STANDARD OPERATING PROCEDURES:**

1. Once OR backlog time begins, very few if any casualties will be sent directly to Prep and Hold. Instead they should be admitted to either the ICU or to a Inpatient ward and the OR notified of their location and diagnosis.

2. As an operating room is available, the O.R. will notify the area holding the patient to send the patient to Prep and Hold. The area holding the patient will notify Prep and Hold prior to moving the patient.

3. ICU patients requiring anesthesia recovery should be recovered on the ICU. Only patients from the wards should be recovered by the Prep and Hold staff as the wards are not staffed or equipped to perform this function.

4. Close communication between the O.R. and Prep and Hold and the Surgical tracking team is required to promote a steady and appropriate flow of patients.

5. The Surgical Tracking Team will notify Patient Admin Dept. of O.R. backlog at the change of each shift, upon

request or when there is significant change in the amount of time backlogged.

#### H. CLINICAL POLICIES/GUIDELINES:

##### 1. Priorities of surgical treatment:

(a) First priority - patients with injuries resulting in asphyxia or hemorrhage.

(1) Asphyxia: Airway obstruction from mechanical causes, crushing chest wound, maxillofacial wounds with airway obstruction.

(2) Severe Trauma: Major internal hemorrhage, visceral injuries, evisceration, cardio'pericardial injuries, massive muscle damage, major fractures, GI tract perforations, biliary and pancreatic wounds and multiple severe wounds.

(b) Second priority -Surgery performed after resuscitative measures are completed.

(1) Sucking chest wounds, tension pneumothorax, GU tract wounds, thoracic wounds without asphyxia, amputations.

(2) Vascular injuries-all injuries in which use of a tourniquet is necessary.

(c) Third priority -Surgery performed after pre-op preparation on wounds which cause morbidity if left untreated for prolonged periods.

(1) Soft tissue wounds, debridement necessary but muscle damage is less extensive.

(2) Lesser fractures and dislocations.

(3) Eye injuries.

(4) Maxillofacial injuries without asphyxia.

(d) Fourth priority - Head injuries with loss of consciousness, brain and spinal cord injuries where decompression is required.

#### I. STANDARDS AND JOB DESCRIPTION:

1. Job descriptions are maintained by the Directorate having policy control over the Department/Functional area. Job descriptions for Prep and Hold are located in the Director of Nursing Services SOP.

J. **DOCUMENTATION:**

1. References: N/A

2. Forms: N/A